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County: Outagami e
AFFINITY SUBACUTE CARE
1506 SOUTH ONEIDA STREET
APPLETON 54915

APPLETON 54915 Phone: (920) 831-8340 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? Yes Number of Beds Set Up and Staffed (12/31/00): 20 Total Licensed Bed Capacity (12/31/00): 20 Number of Residents on 12/31/00: 7

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Average Daily Census:

Non-Profit Church Related Skilled No Yes 12

Services Provided to Non	- Resi dents	Age, Sex, and Primary Dia	Length of Stay (12/31/	00) %			
Home Health Care Supp. Home Care-Personal	No Care No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	100. 0 0. 0
Supp. Home Care-Househol Day Services	No	Developmental Disabilitie Mental Illness (Org./Psy)	0. 0	Under 65 65 - 74	14. 3 28. 6	More Than 4 Years	0.0
Respite Care Adult Day Care	Yes No	Al cohol & Other Drug Abus		75 - 84 85 - 94	42. 9 14. 3	************	100. 0 ********
Adult Day Health Care Congregate Meals Home Delivered Meals	No No No	Para-, Quadra-, Hemi pl egi Cancer	c 0. 0 0. 0 0. 0	95 & 0ver	0. 0  100. 0	Full-Time Equiva Nursing Staff per 100 (12/31/00)	
Other Meals Transportation	No No No	Fractures Cardi ovascul ar Cerebrovascul ar	57. 1 0. 0	65 & 0ver	85. 7	(12/31/00)    RNs	133. 0
Referral Service Other Services	No No	Di abetes Respi ratory	0. 0 0. 0 14. 3	Sex	%	LPNs Nursing Assistants	0. 0
Provide Day Programming Mentally Ill		Other Medical Conditions	28. 6	Male Female	42. 9 57. 1	Aides & Orderlies	92. 0
Provi de Day Programmi ng Devel opmental ly Di sabl			100. 0		100. 0		

## Method of Reimbursement

		Medi (Titl			Medic Title			0th	er	Pri	vate	Pay		Manage	ed Care		Percent
			Per Diem	1		Per Die	m		Per Dien	n		Per Diem	ı	_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	5	100.0	\$283. 83	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	2	100.0	\$546.87	7	100.0%
Intermediate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	5	100.0		0	0.0		0	0.0		0	0.0		2	100.0		7	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Activities of Assistance of Number of Percent Admissions from: % Totally Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 0.0 85.7 14. 3 Other Nursing Homes 0.0 Dressing 0.0 85.7 14. 3 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 98.8 Transferri ng 7 0.0 85.7 14. 3 0. 2 Toilet Use 7 0.0 85. 7 14.3 0. 5 Eating 0.0 85.7 14. 3 Other Locations \*\*\*\* 0.5 Total Number of Admissions 420 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 14.3 57. 1 Private Home/No Home Health 22.0 Occ/Freq. Incontinent of Bladder 14. 3 0.0 Private Home/With Home Health 41.1 Occ/Freq. Incontinent of Bowel 0.0 14. 3 Other Nursing Homes 13. 1 14.3 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 8.6 Mobility 0.0 Physically Restrained 0.0 14.3 42.9 1.6 Other Locations 7.9 Skin Care Other Resident Characteristics Deaths 5.6 With Pressure Sores 14.3 Have Advance Directives 14.3 Total Number of Discharges With Rashes 28.6 Medi cati ons Receiving Psychoactive Drugs (Including Deaths) 428 28.6

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Other Hospital-	F.	111
	Facility	Based Facilities	Facilties	
	%	% Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	60. 0	87. 5 0. 69	84. 5	0.71
Current Residents from In-County	85. 7	83. 6 1. 02	77. 5	1. 11
Admissions from In-County, Still Residing	1. 4	14. 5 0. 10	21. 5	0. 07
Admissions/Average Daily Census	3500. 0	194. 5 17. 99	124. 3	28. 17
Discharges/Average Daily Census	3566. 7	199. 6 17. 87	126. 1	28. 29
Discharges To Private Residence/Average Daily Census	2250. 0	102. 6 21. 93	49. 9	45. 13
Residents Receiving Skilled Care	100. 0	91. 2 1. 10	83. 3	1. 20
Residents Aged 65 and Older	85. 7	91. 8 0. 93	87. 7	0. 98
Title 19 (Medicaid) Funded Residents	0. 0	66. 7 0. 00	69. 0	0.00
Private Pay Funded Residents	0. 0	23. 3 0. 00	22. 6	0.00
Developmentally Disabled Residents	0.0	1.4 0.00	7. 6	0.00
Mentally Ill Residents	0. 0	30. 6 0. 00	33. 3	0.00
General Medical Service Residents	28. 6	19. 2 1. 49	18. 4	1. 55
Impaired ADL (Mean)*	57. 1	51. 6 1. 11	49. 4	1. 16
Psychological Problems	28. 6	<b>52.</b> 8	50. 1	0. 57
Nursing Care Required (Mean)*	19. 6	7.8 2.52	7. 2	2.75